

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA  
2001/02  
FORM

COVER PAGE  
**460**

Page 1 of 55

For Official Use Only

Statement covers period

from 10/23/2016

through 12/31/2016

Date of election if applicable:  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5.)

- ☒ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee  
☐ Primary Formed  
☐ Controlled  
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- ☐ Pre-election Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
☒ Amendment (Explain below)

AMENDING TO ADD SUBVENDOR

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
1346242

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
GOVERN FOR CALIFORNIA ACTION COMMITTEE

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415)389-6800

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER  
STEVEN S. LUCAS

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415-389-6800

NAME OF ASSISTANT TREASURER, IF ANY  
JAMES W. CARSON

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415-389-6800

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/26/2018 By Steven S. Lucas  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

# Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

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## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

## 6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

## 7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from 10/23/2016 through 12/31/2016	<b>CALIFORNIA FORM 460</b> Page 3 of 55 I.D. NUMBER 1346242
------------------------------------------------------------------	-------------------------------------------------------------------

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
GOVERN FOR CALIFORNIA ACTION COMMITTEE

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$365,494.31	\$1,872,944.31
2. Loans Received .....	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$365,494.31	\$1,872,944.31
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$0.00	\$235,750.66
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$365,494.31	\$2,108,694.97

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$850,870.30	\$1,880,507.12
7. Loans Made .....	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$850,870.30	\$1,880,507.12
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	(\$82,437.80)	\$1,477.23
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$0.00	\$235,750.66
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$768,432.50	\$2,117,735.01

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Current Cash Statement

Current Cash Statement		
12. Beginning Cash Balance .....	Previous Summary Page, Line 16	<u>\$486,346.69</u>
13. Cash Receipts .....	Column A, Line 3 above	<u>\$365,494.31</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	<u>\$0.00</u>
15. Cash Payments .....	Column A, Line 8 above	<u>\$850,870.30</u>
16. <b>ENDING CASH BALANCE</b> .....	Add Lines 12 + 13 + 14, then subtract Line 15	<u>\$970.70</u>
If this is a termination statement, Line 16 must be zero.		
<hr/>		
17. <b>LOAN GUARANTEES RECEIVED</b> .....	Schedule B, Part 2	<u>\$0.00</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$1,477.23

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/23/2016		
through 12/31/2016		Page 4 of 55
NAME OF FILER GOVERN FOR CALIFORNIA ACTION COMMITTEE		I.D. Number 1346242

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2016	MATTHEW BERLER San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OSTERWEIS CAPITAL INVESTMENT MANAGEMENT	\$1,000.00	\$1,000.00	
10/24/2016	KATHLEEN MOORE San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	\$100.00	\$100.00	
10/24/2016	RICHARD SHERMAN Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GEFFEN CO. EXECUTIVE	\$1,000.00	\$1,000.00	
10/26/2016	ROSS FUBINI San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	XYZ CAPITAL INVESTOR	\$1,000.00	\$1,000.00	
10/26/2016	KENNETH HIRSH New York, NY 10011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED; KENNETH HIRSH PRIVATE INVESTOR	\$10,000.00	\$10,000.00	

**SUBTOTAL**

### Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$365,494.31
2. Amount received this period - unitemized contributions of less than \$100 .....	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL</b> \$365,494.31

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/23/2016	through 12/31/2016	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
GOVERN FOR CALIFORNIA ACTION COMMITTEE

I.D. Number  
1346242

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/28/2016	RICHARD C. SPALDING San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KEARNY VENTURE PARTNERS MANAGING DIRECTOR	\$10,000.00	\$10,000.00	
11/1/2016	DAVID CRANE SAN FRANCISCO, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GOVERN FOR CALIFORNIA PRESIDENT	\$300,000.00	\$986,894.31	
11/8/2016	DAVID CRANE SAN FRANCISCO, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GOVERN FOR CALIFORNIA PRESIDENT	\$15,000.00	\$986,894.31	
12/2/2016	AARON MCLEAR San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UBER PUBLIC AFFAIRS DIRECTOR	\$500.00	\$500.00	
12/7/2016	NICHOLAS PRITZKER San Francisco, CA 94129 Memo Reference: INC575	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TAO CAPITAL PARTNERS DIRECTOR OF STRATEGIC PLANNING	\$14,000.00	\$114,000.00	
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/23/2016</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2016</u>		
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NAME OF FILER GOVERN FOR CALIFORNIA ACTION COMMITTEE		I.D. Number 1346242

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/13/2016	MICHAEL MCCAFFERY Hillsborough, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MAKENA CAPITAL MANAGEMENT LLC MANAGING DIRECTOR	\$7,000.00	\$7,000.00	
12/27/2016	DAVID CRANE SAN FRANCISCO, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GOVERN FOR CALIFORNIA PRESIDENT	\$4,894.31	\$986,894.31	
12/31/2016	MARTIN SCHWARTZ Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MINILEC SERVICE BUSINESSMAN	\$1,000.00	\$1,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>				\$365,494.31		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 10/23/2016 through 12/31/2016	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
GOVERN FOR CALIFORNIA ACTION COMMITTEE

I.D. NUMBER  
1346242

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	

## SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule B - Part 2

## Loan Guarantors

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	<b>CALIFORNIA FORM 460</b>
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I.D. Number 1346242	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
GOVERN FOR CALIFORNIA ACTION COMMITTEE

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
<b>SUBTOTAL</b>					Enter on Summary Page, Line 17 only.	



# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
GOVERN FOR CALIFORNIA ACTION COMMITTEE

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
 IND - Individual  
 COM- Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule D

## Summary of Expenditures

### Supporting/Opposing Other

### Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		CALIFORNIA FORM 460	
from	10/23/2016		
through	12/31/2016		
		Page 10	of 55
		I.D. NUMBER 1346242	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
GOVERN FOR CALIFORNIA ACTION COMMITTEE

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/27/2016	Payee Name: MAE TORLAKSON (I/E) Candidate Name: MAE TORLAKSON State Assembly Person District 14 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	TELEVISION BUY	\$127,710.00	\$327,466.52	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/27/2016	Payee Name: TIM GRAYSON (I/E) Candidate Name: TIM GRAYSON State Assembly Person District 14 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	TELEVISION BUY	\$63,855.00	\$845,881.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/31/2016	Payee Name: MADISON NGUYEN (I/E) Candidate Name: MADISON NGUYEN State Assembly Person District 27 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$13,816.30	\$193,724.96	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$795,328.35
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** \$795,328.35

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/23/2016

through 12/31/2016

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER  
 GOVERN FOR CALIFORNIA ACTION COMMITTEE

I.D. NUMBER  
 1346242

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2016	Payee Name: TIM GRAYSON (I/E) Candidate Name: TIM GRAYSON State Assembly Person District 14 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$38,861.34	\$845,881.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/31/2016	Payee Name: MADISON NGUYEN (I/E) Candidate Name: MADISON NGUYEN State Assembly Person District 27 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$1,035.46	\$193,724.96	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/31/2016	Payee Name: ASH KALRA (I/E) Candidate Name: ASH KALRA State Assembly Person District 27 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$4,141.84	\$224,825.57	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/31/2016	Payee Name: MADISON NGUYEN (I/E) Candidate Name: MADISON NGUYEN State Assembly Person District 27 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$1,699.93	\$193,724.96	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/23/2016

through 12/31/2016

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER  
 GOVERN FOR CALIFORNIA ACTION COMMITTEE

I.D. NUMBER  
 1346242

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2016	Payee Name: ASH KALRA (I/E) Candidate Name: ASH KALRA State Assembly Person District 27 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$6,799.69	\$224,825.57	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/31/2016	Payee Name: MADISON NGUYEN (I/E) Candidate Name: MADISON NGUYEN State Assembly Person District 27 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$3,282.19	\$193,724.96	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/31/2016	Payee Name: ASH KALRA (I/E) Candidate Name: ASH KALRA State Assembly Person District 27 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$13,128.72	\$224,825.57	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
11/1/2016	Payee Name: MADISON NGUYEN (I/E) Candidate Name: MADISON NGUYEN State Assembly Person District 27 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$11,876.30	\$193,724.96	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/23/2016

through 12/31/2016

**CALIFORNIA  
FORM 460**

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NAME OF FILER  
GOVERN FOR CALIFORNIA ACTION COMMITTEE

I.D. NUMBER  
1346242

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2016	Payee Name: MADISON NGUYEN (I/E) Candidate Name: MADISON NGUYEN State Assembly Person District 27 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$17,156.91	\$193,724.96	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/2/2016	Payee Name: TIM GRAYSON (I/E) Candidate Name: TIM GRAYSON State Assembly Person District 14 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$39,247.18	\$845,881.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/2/2016	Payee Name: MADISON NGUYEN (I/E) Candidate Name: MADISON NGUYEN State Assembly Person District 27 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$11,876.30	\$193,724.96	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/2/2016	Payee Name: MADISON NGUYEN (I/E) Candidate Name: MADISON NGUYEN State Assembly Person District 27 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$15,913.91	\$193,724.96	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/23/2016

through 12/31/2016

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER  
 GOVERN FOR CALIFORNIA ACTION COMMITTEE

I.D. NUMBER  
 1346242

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/2/2016	Payee Name: MADISON NGUYEN (I/E) Candidate Name: MADISON NGUYEN State Assembly Person District 27 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$8,499.62	\$193,724.96	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/2/2016	Payee Name: MADISON NGUYEN (I/E) Candidate Name: MADISON NGUYEN State Assembly Person District 27 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$7,594.75	\$193,724.96	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/3/2016	Payee Name: MADISON NGUYEN (I/E) Candidate Name: MADISON NGUYEN State Assembly Person District 27 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$6,878.70	\$193,724.96	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/2/2016	Payee Name: TIM GRAYSON (I/E) Candidate Name: TIM GRAYSON State Assembly Person District 14 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	DIGITAL MEDIA PRODUCTION AND BUY	\$2,500.00	\$845,881.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from <u>10/23/2016</u>		
through <u>12/31/2016</u>		Page <u>15</u> of <u>55</u>
NAME OF FILER GOVERN FOR CALIFORNIA ACTION COMMITTEE		I.D. NUMBER 1346242

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/2/2016	Payee Name: MAE TORLAKSON (I/E) Candidate Name: MAE TORLAKSON State Assembly Person District 14 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	DIGITAL MEDIA PRODUCTION AND BUY	\$5,000.00	\$327,466.52	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
11/7/2016	Payee Name: SCOTT WIENER (I/E) Candidate Name: SCOTT WIENER State Senator District 11 Jurisdiction: Senate	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	SUPPORT SCOTT WIENER DIGITAL ADS THROUGH CONTRIBUTION TO RFK DEMOCRATIC CLUB	\$15,000.00	\$15,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/3/2016	EDVOICE INDEPENDENT EXPENDITURE COMMITTEE GENERAL PURPOSE COMMITTEE	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$50,000.00	\$72,132.82	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/7/2016	Payee Name: ROBERT F KENNEDY DEMOCRATIC CLUB, SUPPORTING PHILHOUR AND SAFAI FOR SUPERVISOR 2016 Candidate Name: MARJAN PHILHOUR AND AHSHE SAFAI County Supervisor Jurisdiction: CITY AND COUNTY OF SAN FRANCISCO Jurisdiction: DISTRICTS 1 & 11	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure	SUPPORT SCOTT WIENER DIGITAL ADS THROUGH CONTRIBUTION TO RFK DEMOCRATIC CLUB	\$15,000.00	\$15,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/23/2016

through 12/31/2016

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER  
GOVERN FOR CALIFORNIA ACTION COMMITTEE

I.D. NUMBER  
1346242

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/27/2016	EDVOICE INDEPENDENT EXPENDITURE COMMITTEE GENERAL PURPOSE COMMITTEE	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	TELEVISION AD PRODUCTION COSTS	\$22,132.82	\$72,132.82	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/24/2016	Payee Name: TIM GRAYSON (I/E) Candidate Name: TIM GRAYSON State Assembly Person District 14 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$9,347.12	\$845,881.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/24/2016	Payee Name: MAE TORLAKSON (I/E) Candidate Name: MAE TORLAKSON State Assembly Person District 14 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$9,347.12	\$327,466.52	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/24/2016	Payee Name: MAE TORLAKSON (I/E) Candidate Name: MAE TORLAKSON State Assembly Person District 14 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$22,696.52	\$327,466.52	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

**SUBTOTAL**



**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/23/2016

through 12/31/2016

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER  
 GOVERN FOR CALIFORNIA ACTION COMMITTEE

I.D. NUMBER  
 1346242

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/25/2016	Payee Name: TIM GRAYSON (I/E) Candidate Name: TIM GRAYSON State Assembly Person District 14 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$12,141.47	\$845,881.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/25/2016	Payee Name: MAE TORLAKSON (I/E) Candidate Name: MAE TORLAKSON State Assembly Person District 14 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$8,094.32	\$327,466.52	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/25/2016	Payee Name: TIM GRAYSON (I/E) Candidate Name: TIM GRAYSON State Assembly Person District 14 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$23,880.94	\$845,881.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2016	Payee Name: MAE TORLAKSON (I/E) Candidate Name: MAE TORLAKSON State Assembly Person District 14 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$40,485.44	\$327,466.52	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from <u>10/23/2016</u>		
through <u>12/31/2016</u>		Page <u>18</u> of <u>55</u>
NAME OF FILER GOVERN FOR CALIFORNIA ACTION COMMITTEE		I.D. NUMBER 1346242

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/27/2016	Payee Name: TIM GRAYSON (I/E) Candidate Name: TIM GRAYSON State Assembly Person District 14 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$12,939.19	\$845,881.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/27/2016	Payee Name: MAE TORLAKSON (I/E) Candidate Name: MAE TORLAKSON State Assembly Person District 14 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$24,534.56	\$327,466.52	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/27/2016	Payee Name: TIM GRAYSON (I/E) Candidate Name: TIM GRAYSON State Assembly Person District 14 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	MAILER	\$31,406.82	\$845,881.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/27/2016	Payee Name: TIM GRAYSON (I/E) Candidate Name: TIM GRAYSON State Assembly Person District 14 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	TELEVISION AD PRODUCTION	\$7,377.61	\$845,881.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from <u>10/23/2016</u>		
through <u>12/31/2016</u>		Page <u>19</u> of <u>55</u>
NAME OF FILER GOVERN FOR CALIFORNIA ACTION COMMITTEE		I.D. NUMBER 1346242

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/27/2016	Payee Name: MAE TORLAKSON (I/E) Candidate Name: MAE TORLAKSON State Assembly Person District 14 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	TELEVISION AD PRODUCTION	\$14,755.22	\$327,466.52	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
11/2/2016	Payee Name: MADISON NGUYEN (I/E) Candidate Name: MADISON NGUYEN State Assembly Person District 27 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	DIGITAL MEDIA PRODUCTION AND BUY	\$16,500.00	\$193,724.96	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/2/2016	Payee Name: TIM GRAYSON (I/E) Candidate Name: TIM GRAYSON State Assembly Person District 14 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	CANVASSING	\$29,608.06	\$845,881.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/4/2016	Payee Name: MADISON NGUYEN (I/E) Candidate Name: MADISON NGUYEN State Assembly Person District 27 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	DIGITAL MEDIA PRODUCTION AND BUY	\$6,500.00	\$193,724.96	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/23/2016

through 12/31/2016

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER  
 GOVERN FOR CALIFORNIA ACTION COMMITTEE

I.D. NUMBER  
 1346242

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2016	Payee Name: TIM GRAYSON (I/E) Candidate Name: TIM GRAYSON State Assembly Person District 14 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	DATA	\$11,353.50	\$845,881.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/24/2016	Payee Name: MAE TORLAKSON (I/E) Candidate Name: MAE TORLAKSON State Assembly Person District 14 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	DATA	\$11,353.50	\$327,466.52	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL** \$795,328.35

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from 10/23/2016 through 12/31/2016	<b>CALIFORNIA FORM 460</b>
Page 21 of 55	I.D. NUMBER 1346242

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
GOVERN FOR CALIFORNIA ACTION COMMITTEE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
STRIPE, INC. SAN FRANCISCO, CA 94110			CREDIT CARD PROCESSING FEE	\$29.30
STRIPE, INC. SAN FRANCISCO, CA 94110			CREDIT CARD PROCESSING FEE	\$29.30
STRIPE, INC. SAN FRANCISCO, CA 94110			CREDIT CARD PROCESSING FEE	\$3.20

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$850,820.30
2. Unitemized payments made this period of under \$100. ....	\$50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL</b> \$850,870.30

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/23/2016		
through 12/31/2016		Page 22 of 55
NAME OF FILER GOVERN FOR CALIFORNIA ACTION COMMITTEE		I.D. NUMBER 1346242

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
GOVERN FOR CALIFORNIA ACTION COMMITTEE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CANAL PARTNERS MEDIA Marietta, GA 30064	IND		TELEVISION AD BUY SUPPORTING TIM GRAYSON AND OPPOSING MAE TORLAKSON, AD 14; SEE SCHEDULE G	\$191,565.00
STRIPE, INC. SAN FRANCISCO, CA 94110			CREDIT CARD PROCESSING FEE	\$290.30
STRIPE, INC. SAN FRANCISCO, CA 94110			CREDIT CARD PROCESSING FEE	\$29.30
RALLY CAMPAIGNS Los Angeles, CA 90028	IND		MAILER SUPPORTING TIM GRAYSON AND OPPOSING MAE TORLAKSON, AD 14; SEE SCHEDULE G	\$22,479.69
RALLY CAMPAIGNS Los Angeles, CA 90028	IND		MAILER SUPPORTING TIM GRAYSON AND OPPOSING MAE TORLAKSON, AD 14; SEE SCHEDULE G	\$29,786.93

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/23/2016		
through 12/31/2016		Page 23 of 55
NAME OF FILER GOVERN FOR CALIFORNIA ACTION COMMITTEE		I.D. NUMBER 1346242

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
GOVERN FOR CALIFORNIA ACTION COMMITTEE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RALLY CAMPAIGNS Los Angeles, CA 90028	IND		MAILER OPPOSING MAE TORLAKSON, AD 14; SEE SCHEDULE G	\$22,696.52
RALLY CAMPAIGNS Los Angeles, CA 90028	IND		MAILER SUPPORTING TIM GRAYSON AND OPPOSING MAE TORLAKSON, AD 14; SEE SCHEDULE G	\$18,694.24
RALLY CAMPAIGNS Los Angeles, CA 90028	IND		MAILER SUPPORTING TIM GRAYSON AND OPPOSING MAE TORLAKSON, AD 14; SEE SCHEDULE G	\$20,235.78
RALLY CAMPAIGNS Los Angeles, CA 90028	IND		MAILER SUPPORTING TIM GRAYSON AD 14; SEE SCHEDULE G	\$23,880.94
GOODWIN SIMON STRATEGIC RESEARCH, INC. Culver City, CA 90232	POL			\$6,500.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/23/2016		
through 12/31/2016		Page 24 of 55
NAME OF FILER GOVERN FOR CALIFORNIA ACTION COMMITTEE		I.D. NUMBER 1346242

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
GOVERN FOR CALIFORNIA ACTION COMMITTEE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
THREE POINT MEDIA, LLC Washington, DC 20007	IND		MEDIA PRODUCTION SUPPORTING TIM GRAYSON, AD 14; SEE SCHEDULE G	\$1,557.62
THREE POINT MEDIA, LLC Washington, DC 20007	IND		TELEVISION AD PRODUCTION SUPPORTING TIM GRAYSON AND OPPOSING MAE TORLAKSON, AD 14; SEE SCHEDULE G	\$22,132.82
RALLY CAMPAIGNS Los Angeles, CA 90028	IND		MAILER OPPOSING MAE TORLAKSON, AD 14; SEE SCHEDULE G	\$40,485.44
RALLY CAMPAIGNS Los Angeles, CA 90028	IND		MAILER OPPOSING MAE TORLAKSON AD 14; SEE SCHEDULE G	\$24,534.56
RALLY CAMPAIGNS Los Angeles, CA 90028	IND		MAILER SUPPORTING TIM GRAYSON, AD 14; SEE SCHEDULE G	\$12,939.19

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/23/2016		
through 12/31/2016		Page 25 of 55
NAME OF FILER GOVERN FOR CALIFORNIA ACTION COMMITTEE		I.D. NUMBER 1346242

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RALLY CAMPAIGNS Los Angeles, CA 90028	IND		MAILER SUPPORTING TIM GRAYSON, AD 14; SEE SCHEDULE G	\$31,406.82
SCN STRATEGIES, INC. San Francisco, CA 94109	IND		MAILER SUPPORTING MADISON NGUYEN AND OPPOSING ASH KALRA, AD 27; SEE SCHEDULE G	\$16,410.91
SCN STRATEGIES, INC. San Francisco, CA 94109	IND		MAILER SUPPORTING MADISON NGUYEN AND OPPOSING ASH KALRA, AD 27; SEE SCHEDULE G	\$8,499.62
SCN STRATEGIES, INC. San Francisco, CA 94109	IND		MAILER SUPPORTING MADISON NGUYEN AND OPPOSING ASH KALRA, AD 27; SEE SCHEDULE G	\$5,177.30
SCN STRATEGIES, INC. San Francisco, CA 94109	IND		MAILER SUPPORTING MADISON NGUYEN, AD 27; SEE SCHEDULE G	\$17,156.91

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/23/2016		
through 12/31/2016		Page 26 of 55
NAME OF FILER GOVERN FOR CALIFORNIA ACTION COMMITTEE		I.D. NUMBER 1346242

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
GOVERN FOR CALIFORNIA ACTION COMMITTEE

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SCN STRATEGIES, INC. San Francisco, CA 94109	IND		MAILER SUPPORTING MADISON NGUYEN, AD 27; SEE SCHEDULE G	\$7,594.75
SCN STRATEGIES, INC. San Francisco, CA 94109	IND		MAILER SUPPORTING MADISON NGUYEN, AD 27; SEE SCHEDULE G	\$13,816.30
SCN STRATEGIES, INC. San Francisco, CA 94109	IND		MAILER SUPPORTING MADISON NGUYEN, AD 27; SEE SCHEDULE G	\$11,876.30
SCN STRATEGIES, INC. San Francisco, CA 94109	IND		MAILER SUPPORTING MADISON NGUYEN, AD 27; SEE SCHEDULE G	\$15,913.91
SCN STRATEGIES, INC. San Francisco, CA 94109	IND		MAILER SUPPORTING MADISON NGUYEN, AD 27; SEE SCHEDULE G	\$8,499.62

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/23/2016		
through 12/31/2016		Page 27 of 55
NAME OF FILER GOVERN FOR CALIFORNIA ACTION COMMITTEE		I.D. NUMBER 1346242

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
GOVERN FOR CALIFORNIA ACTION COMMITTEE

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SCN STRATEGIES, INC. San Francisco, CA 94109	IND		MAILER SUPPORTING MADISON NGUYEN, AD 27; SEE SCHEDULE G	\$6,878.70
SCN STRATEGIES, INC. San Francisco, CA 94109	IND		MAILER SUPPORTING MADISON NGUYEN, AD 27; SEE SCHEDULE G	\$11,876.30
SCN STRATEGIES, INC. San Francisco, CA 94109	IND		MAILER SUPPORTING MADISON NGUYEN AND OPPOSING ASH KALRA, AD 27; SEE SCHEDULE GMAILER	\$16,496.79
SCN STRATEGIES, INC. San Francisco, CA 94109	IND		MAILER SUPPORTING MADISON NGUYEN AND OPPOSING ASH KALRA, AD 27; SEE SCHEDULE G	\$11,294.00
RALLY CAMPAIGNS Los Angeles, CA 90028	IND		MAILER SUPPORTING TIM GRAYSON, AD 14; SEE SCHEDULE G	\$38,861.34

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/23/2016		
through 12/31/2016		Page 28 of 55
NAME OF FILER GOVERN FOR CALIFORNIA ACTION COMMITTEE		I.D. NUMBER 1346242

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
GOVERN FOR CALIFORNIA ACTION COMMITTEE

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EDVOICE INDEPENDENT EXPENDITURE COMMITTEE Sacramento, CA 95814	CTB			\$50,000.00
Committee ID: 1261580				
RALLY CAMPAIGNS Los Angeles, CA 90028	IND		MAILER SUPPORTING TIM GRAYSON, AD 14; SEE SCHEDULE G	\$39,247.18
RALLY CAMPAIGNS Los Angeles, CA 90028	IND		DIGITAL MEDIA PRODUCTION AND BUY SUPPORTING TIM GRAYSON AND OPPOSING MAE TORLAKSON, AD 14; SEE SCHEDULE G	\$7,500.00
ROBERT F KENNEDY DEMOCRATIC CLUB, SUPPORTING PHILHOUR AND SAFAI FOR SUPERVISOR 2016 San Francisco, CA 94104	CTB		SUPPORT SCOTT WIENER DIGITAL ADS THROUGH CONTRIBUTION TO RFK DEMOCRATIC CLUB	\$15,000.00
Committee ID: 1383372				
GOCO CONSULTING LLC Sacramento, CA 95819	IND		CANVASSING SUPPORTING TIM GRAYSON, AD 14	\$27,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

**Schedule E  
(Continuation Sheet)  
Payments Made**

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to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/23/2016	
through 12/31/2016		Page 29 of 55
NAME OF FILER GOVERN FOR CALIFORNIA ACTION COMMITTEE		I.D. NUMBER 1346242

SEE INSTRUCTIONS ON REVERSE

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MB PUBLIC AFFAIRS, INC. Sacramento, CA 95814	IND		CONSULTING SUPPORTING TIM GRAYSON AND OPPOSING MAE TORLAKSON, AD 14	\$2,300.00
MERCURY LLC NEW YORK, NY 10007	IND		DIGITAL MEDIA PRODUCTION AND BUY SUPPORTING MADISON NGUYEN, AD 27; SEE SCHEDULE G	\$16,500.00
MERCURY LLC NEW YORK, NY 10007	IND		DIGITAL MEDIA PRODUCTION AND BUY SUPPORTING MADISON NGUYEN, AD 27	\$6,500.00
STRIPE, INC. SAN FRANCISCO, CA 94110			CREDIT CARD PROCESSING FEE	\$14.80
STRIPE, INC. SAN FRANCISCO, CA 94110			CREDIT CARD PROCESSING FEE	\$203.30

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/23/2016		
through 12/31/2016		Page 30 of 55
NAME OF FILER GOVERN FOR CALIFORNIA ACTION COMMITTEE		I.D. NUMBER 1346242

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NAME OF FILER  
GOVERN FOR CALIFORNIA ACTION COMMITTEE

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP Sacramento, CA 95814	PRO			\$17,543.22
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP Sacramento, CA 95814	PRO			\$4,458.49
GOCO CONSULTING LLC Sacramento, CA 95819	IND		CANVASSING SUPPORTING TIM GRAYSON, AD 14	\$2,608.06
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP Sacramento, CA 95814	PRO			\$2,286.25
STRIPE, INC. SAN FRANCISCO, CA 94110			CREDIT CARD PROCESSING FEE	\$29.30

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$850,820.30

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from 10/23/2016  
through 12/31/2016

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
GOVERN FOR CALIFORNIA ACTION COMMITTEE

I.D. NUMBER  
1346242

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
THREE POINT MEDIA, LLC Washington, DC 20007	IND MEDIA PRODUCTION SUPPORTING TIM GRAYSON, AD 14; SEE SCHEDULE G	\$1,557.62	\$0.00	\$1,557.62	\$0.00
RALLY CAMPAIGNS Los Angeles, CA 90028	IND MAILER SUPPORTING TIM GRAYSON AND OPPOSING MAE TORLAKSON, AD 14; SEE SCHEDULE G	\$22,479.69	\$0.00	\$22,479.69	\$0.00
SCN STRATEGIES, INC. San Francisco, CA 94109	IND MAILER SUPPORTING MADISON NGUYEN AND OPPOSING ASH KALRA, AD 27; SEE SCHEDULE GMAILER	\$16,496.79	\$0.00	\$16,496.79	\$0.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## SUBTOTALS

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$1,477.23
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$83,915.03
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$82,437.80)  
May be a negative number.

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 10/23/2016  
through 12/31/2016

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NAME OF FILER  
GOVERN FOR CALIFORNIA ACTION COMMITTEE

I.D. NUMBER  
1346242

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
SCN STRATEGIES, INC. San Francisco, CA 94109	IND MAILER SUPPORTING MADISON NGUYEN AND OPPOSING ASH KALRA, AD 27; SEE SCHEDULE G	\$11,294.00	\$0.00	\$11,294.00	\$0.00
RALLY CAMPAIGNS Los Angeles, CA 90028	IND MAILER SUPPORTING TIM GRAYSON AND OPPOSING MAE TORLAKSON, AD 14; SEE SCHEDULE G	\$29,786.93	\$0.00	\$29,786.93	\$0.00
MB PUBLIC AFFAIRS, INC. Sacramento, CA 95814	IND CONSULTING SUPPORTING TIM GRAYSON AND OPPOSING MAE TORLAKSON, AD 14	\$2,300.00	\$0.00	\$2,300.00	\$0.00
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP Sacramento, CA 95814	PRO	\$0.00	\$1,477.23	\$0.00	\$1,477.23
<b>SUBTOTALS</b>		\$83,915.03	\$1,477.23	\$83,915.03	\$1,477.23



# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
GOVERN FOR CALIFORNIA ACTION COMMITTEE

I.D. NUMBER  
1346242

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
CANAL PARTNERS MEDIA

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KRON-TV San Francisco, CA 94111	TEL			\$29,537.50
KNTV-TV San Jose, CA 95131	TEL			\$20,825.00
KGO-TV San Francisco, CA 94111	TEL			\$27,200.00
THREE POINT MEDIA, LLC Washington, DC 20007	TEL			\$19,745.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$97307.50

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME OF FILER  
GOVERN FOR CALIFORNIA ACTION COMMITTEE

I.D. NUMBER  
1346242

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
CANAL PARTNERS MEDIA

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KTVU-TV Oakland, CA 94607	TEL			\$90,270.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$90270.00

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**FPPC Form 460 (June/01)**  
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# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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GOVERN FOR CALIFORNIA ACTION COMMITTEE

I.D. NUMBER  
1346242

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
MAILRITE PRINT & MAIL, INC.

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
UNITED STATES POSTAL SERVICE Sacramento, CA 95834	POS			\$4,029.30
UNITED STATES POSTAL SERVICE Sacramento, CA 95834	POS			\$4,029.30
UNITED STATES POSTAL SERVICE Sacramento, CA 95834	POS			\$1,678.30
UNITED STATES POSTAL SERVICE Sacramento, CA 95834	POS			\$4,029.30

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$13766.20

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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I.D. NUMBER  
1346242

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
MAILRITE PRINT & MAIL, INC.

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
UNITED STATES POSTAL SERVICE Sacramento, CA 95834	POS			\$1,678.30
UNITED STATES POSTAL SERVICE Sacramento, CA 95834	POS			\$5,444.91
UNITED STATES POSTAL SERVICE Sacramento, CA 95834	POS			\$2,730.62
UNITED STATES POSTAL SERVICE Sacramento, CA 95834	POS			\$1,678.70

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$11532.53

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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GOVERN FOR CALIFORNIA ACTION COMMITTEE

I.D. NUMBER  
1346242

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
MAILRITE PRINT & MAIL, INC.

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
UNITED STATES POSTAL SERVICE Sacramento, CA 95834	POS			\$5,444.91
UNITED STATES POSTAL SERVICE Sacramento, CA 95834	POS			\$2,730.62
UNITED STATES POSTAL SERVICE Sacramento, CA 95834	POS			\$5,444.91

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$13620.44

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**FPPC Form 460 (June/01)**  
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# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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1346242

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
MERCURY LLC

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FACEBOOK Menlo Park, CA 94025			DIGITAL MEDIA BUY	\$14,000.00
NK MEDIA Sacramento, CA 95818			DIGITAL MEDIA PRODUCTION	\$7,000.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$21000.00

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME OF FILER  
GOVERN FOR CALIFORNIA ACTION COMMITTEE

I.D. NUMBER  
1346242

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
PACIFIC PRINT RESOURCES

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US POSTMASTER Emeryville, CA 94608	POS			\$14,740.41
US POSTMASTER Emeryville, CA 94608	POS			\$18,425.26
US POSTMASTER Emeryville, CA 94608	POS			\$19,367.73
US POSTMASTER Emeryville, CA 94608	POS			\$5,653.67

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$58187.07

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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NAME OF AGENT OR INDEPENDENT CONTRACTOR  
PACIFIC PRINT RESOURCES

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US POSTMASTER Emeryville, CA 94608	POS			\$18,340.38
US POSTMASTER Emeryville, CA 94608	POS			\$18,097.30
US POSTMASTER Emeryville, CA 94608	POS			\$15,053.71
US POSTMASTER Emeryville, CA 94608	POS			\$13,412.10

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$64903.49

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**FPPC Form 460 (June/01)**  
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# Schedule G

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SCHEDULE G

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1346242

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
PACIFIC PRINT RESOURCES

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US POSTMASTER Emeryville, CA 94608	POS			\$5,936.20
US POSTMASTER Emeryville, CA 94608	POS			\$10,319.29

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$16255.49

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**FPPC Form 460 (June/01)**  
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# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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1346242

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
RALLY CAMPAIGNS

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MIKKO DESIGN Alameda, CA 94501	LIT			\$600.00
PACIFIC PRINT RESOURCES Emeryville, CA 94608			SEE SCHEDULE G	\$17,754.54
PACIFIC PRINT RESOURCES Emeryville, CA 94608			SEE SCHEDULE G	\$15,890.10
PACIFIC PRINT RESOURCES Emeryville, CA 94608			SEE SCHEDULE G	\$17,200.41

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$51445.05

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

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NAME OF AGENT OR INDEPENDENT CONTRACTOR  
RALLY CAMPAIGNS

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PACIFIC PRINT RESOURCES Emeryville, CA 94608			SEE SCHEDULE G	\$18,761.30
PACIFIC PRINT RESOURCES Emeryville, CA 94608			SEE SCHEDULE G	\$33,375.12
PACIFIC PRINT RESOURCES Emeryville, CA 94608			SEE SCHEDULE G	\$9,960.81
PACIFIC PRINT RESOURCES Emeryville, CA 94608			SEE SCHEDULE G	\$20,854.38

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$82951.61

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
GOVERN FOR CALIFORNIA ACTION COMMITTEE

I.D. NUMBER  
1346242

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
RALLY CAMPAIGNS

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PACIFIC PRINT RESOURCES Emeryville, CA 94608			SEE SCHEDULE G	\$25,658.30
PACIFIC PRINT RESOURCES Emeryville, CA 94608			SEE SCHEDULE G	\$31,494.64
PACIFIC PRINT RESOURCES Emeryville, CA 94608			SEE SCHEDULE G	\$31,822.60
RTBIQ INC. San Francisco, CA 94121			DIGITAL MEDIA BUY	\$6,375.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$95350.54

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**FPPC Form 460 (June/01)**  
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# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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I.D. NUMBER  
1346242

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
SCN STRATEGIES, INC.

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
INCITEMENT New York, NY 10001	LIT			\$750.00
INCITEMENT New York, NY 10001	LIT			\$750.00
MAILRITE PRINT & MAIL, INC. Sacramento, CA 95834			SEE SCHEDULE G	\$8,345.62
MAILRITE PRINT & MAIL, INC. Sacramento, CA 95834			SEE SCHEDULE G	\$14,910.91

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$24756.53

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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to whole dollars.

SCHEDULE G

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I.D. NUMBER  
1346242

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
SCN STRATEGIES, INC.

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MAILRITE PRINT & MAIL, INC. Sacramento, CA 95834			SEE SCHEDULE G	\$15,656.91
MAILRITE PRINT & MAIL, INC. Sacramento, CA 95834			SEE SCHEDULE G	\$6,844.75
INCITEMENT New York, NY 10001	LIT			\$1,500.00
INCITEMENT New York, NY 10001	LIT			\$750.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$24751.66

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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I.D. NUMBER  
1346242

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
SCN STRATEGIES, INC.

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
INCITEMENT New York, NY 10001	LIT			\$750.00
INCITEMENT New York, NY 10001	LIT			\$750.00
INCITEMENT New York, NY 10001	LIT			\$750.00
INCITEMENT New York, NY 10001	LIT			\$750.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3000.00

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Amounts may be rounded  
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SCHEDULE G

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I.D. NUMBER  
1346242

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
SCN STRATEGIES, INC.

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
INCITEMENT New York, NY 10001	LIT			\$1,500.00
INCITEMENT New York, NY 10001	LIT			\$1,500.00
INCITEMENT New York, NY 10001	LIT			\$154.00
MAILRITE PRINT & MAIL, INC. Sacramento, CA 95834		SEE SCHEDULE G		\$6,128.70

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$9282.70

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**



# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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I.D. NUMBER  
1346242

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
SCN STRATEGIES, INC.

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MAILRITE PRINT & MAIL, INC. Sacramento, CA 95834			SEE SCHEDULE G	\$7,749.62
MAILRITE PRINT & MAIL, INC. Sacramento, CA 95834			SEE SCHEDULE G	\$14,413.91
MAILRITE PRINT & MAIL, INC. Sacramento, CA 95834			SEE SCHEDULE G	\$4,427.30
MAILRITE PRINT & MAIL, INC. Sacramento, CA 95834			SEE SCHEDULE G	\$11,126.30

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$37717.13

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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I.D. NUMBER  
1346242

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
SCN STRATEGIES, INC.

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MAILRITE PRINT & MAIL, INC. Sacramento, CA 95834			SEE SCHEDULE G	\$11,126.30
MAILRITE PRINT & MAIL, INC. Sacramento, CA 95834			SEE SCHEDULE G	\$13,066.30

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$24192.60

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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I.D. NUMBER  
1346242

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
THREE POINT MEDIA, LLC

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GETTY IMAGES Seattle, WA 98104	TEL			\$1,189.69
GEORGETOWN POST, INC. Washington, DC 20007	TEL			\$17,074.15
EXTREME REACH Needham, MA 02494	TEL			\$520.00
BAKER SOUND STUDIOS, INC. Philadelphia, PA 19103	TEL			\$769.60

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$19553.44

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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER  
1346242

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
THREE POINT MEDIA, LLC

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TALENT PAYMASTER INC. Bethesda, MD 20814	TEL			\$2,317.73

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$2317.73

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule H – Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

Statement covers period from 10/23/2016 through 12/31/2016	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER  
1346242

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.			<b>SUBTOTALS</b>					

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

1. Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET**  
(Enter the net here and on the Summary Page, Column A, Line 7.)

\*\* If Required

# Schedule I

## Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
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Statement covers period  
from 10/23/2016  
through 12/31/2016

SCHEDULE I  
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GOVERN FOR CALIFORNIA ACTION COMMITTEE

I.D. NUMBER  
1346242

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$ .00

### Schedule I Summary

1. Increases to cash of \$100 or more this period..... \$ .00

2. Unitemized increases to cash under \$100 this period..... \$ .00

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$ .00

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$ .00

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: INC575

RECEIVED THROUGH INTERMEDIARY: TAO FINANCE, LLC; SAME ADDRESS AS CONTRIBUTOR